

R06-8402-31



POTENTIAL HAZARDOUS WASTE SITE  
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION SITE NUMBER to be assigned by HQ

6

OK 1589

**NOTE:** This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

**GENERAL INSTRUCTIONS:** Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

## I. SITE IDENTIFICATION

A. SITE NAME	B. STREET (or other identifier)
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Vickers Petroleum	142 By Pass
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C. CITY	D. STATE	E. ZIP CODE	F. COUNTY NAME
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Ardmore	OK	73401	Carter
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G. OWNER/OPERATOR (if known)	H. TYPE OF OWNERSHIP	I. TELEPHONE NUMBER
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Patrick Rinkley, PE	(405) 223-0535
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<input type="checkbox"/> 1. FEDERAL	<input type="checkbox"/> 2. STATE	<input type="checkbox"/> 3. COUNTY	<input type="checkbox"/> 4. MUNICIPAL	<input checked="" type="checkbox"/> 5. PRIVATE	<input type="checkbox"/> 6. UNKNOWN
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## I. SITE DESCRIPTION

Petroleum Processing plant with a closed landfill.

J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.)	K. DATE IDENTIFIED (mo., day, & yr.)
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OSDH Vickers Petroleum Soil Farm File	8-27-79
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L. PRINCIPAL STATE CONTACT	M. TELEPHONE NUMBER
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John Ice, Hydrologist, OSDH	(405) 271-5338
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## II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM	B. RECOMMENDATION
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<input type="checkbox"/> 1. HIGH	<input type="checkbox"/> 2. MEDIUM	<input type="checkbox"/> 3. LOW	<input type="checkbox"/> 4. NONE	<input checked="" type="checkbox"/> 5. UNKNOWN
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<input type="checkbox"/> 1. NO ACTION NEEDED (no hazard)	<input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED
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<input type="checkbox"/> 3. SITE INSPECTION NEEDED	<input type="checkbox"/> 4. TENTATIVELY SCHEDULED FOR:
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<input type="checkbox"/> 5. TENTATIVELY SCHEDULED FOR:	<input type="checkbox"/> 6. WILL BE PERFORMED BY:
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<input type="checkbox"/> 7. WILL BE PERFORMED BY:	<input type="checkbox"/> 8. SITE INSPECTION NEEDED (low priority)
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<input type="checkbox"/> 9. SITE INSPECTION NEEDED (high priority)
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C. PREPARER INFORMATION	D. TELEPHONE NUMBER	E. DATE (mo., day, & yr.)
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1. NAME	Kathryn Schenk	(214) 742-6601
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Kathryn Schenk - FIT		4-4-84
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F. SITE INFORMATION
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G. SITE STATUS
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<input type="checkbox"/> 1. ACTIVE (These industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)	<input checked="" type="checkbox"/> 2. INACTIVE (These sites which no longer receive wastes.)	<input type="checkbox"/> 3. OTHER (specify):
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	Landfill	(Those sites that include such incidents like "straight dumping" where no regular or continuing use of the site for waste disposal has occurred.)
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		Total Petroleum Corp (Vickers Petroleum)
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**V. CHARACTERIZATION OF SITE ACTIVITY**

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

A. TRANSPORTER	B. STORER	C. TREATER	D. DISPOSER
<input checked="" type="checkbox"/> 1. RAIL	<input checked="" type="checkbox"/> 1. BALE	<input checked="" type="checkbox"/> 1. FILTRATION	<input checked="" type="checkbox"/> 1. LANDFILL
<input checked="" type="checkbox"/> 2. SHIP	<input checked="" type="checkbox"/> 2. SURFACE IMPOUNDMENT	<input checked="" type="checkbox"/> 2. INCINERATION	<input checked="" type="checkbox"/> 2. LANDFARM
<input checked="" type="checkbox"/> 3. BARGE	<input checked="" type="checkbox"/> 3. DRUMS	<input checked="" type="checkbox"/> 3. VOLUME REDUCTION	<input checked="" type="checkbox"/> 3. OPEN DUMP
<input checked="" type="checkbox"/> 4. TRUCK	<input checked="" type="checkbox"/> 4. TANK, ABOVE GROUND	<input checked="" type="checkbox"/> 4. RECYCLING/RECOVERY	<input checked="" type="checkbox"/> 4. SURFACE IMPOUNDMENT
<input checked="" type="checkbox"/> 5. PIPELINE	<input checked="" type="checkbox"/> 5. TANK, BELOW GROUND	<input checked="" type="checkbox"/> 5. CHEM/PHYS. TREATMENT	<input checked="" type="checkbox"/> 5. MIGRATION
<input checked="" type="checkbox"/> 6. OTHER (Specify):	<input checked="" type="checkbox"/> 6. OTHER (Specify):	<input checked="" type="checkbox"/> 6. BIOLOGICAL TREATMENT	<input checked="" type="checkbox"/> 6. INCINERATION
		<input checked="" type="checkbox"/> 7. WASTE OIL REPROCESSING	<input checked="" type="checkbox"/> 7. UNDERGROUND INJECTION
		<input checked="" type="checkbox"/> 8. SOLVENT RECOVERY	<input checked="" type="checkbox"/> 8. OTHER (Specify)
		<input checked="" type="checkbox"/> 9. OTHER (Specify):	

**E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED**

The site is a petroleum processing plant with an inactive landfill and an active landfarm.

**V. WASTE RELATED INFORMATION****A. WASTE TYPE**

1. UNKNOWN     2. LIQUID     3. SOLID     4. SLUDGE     5. GAS

**B. WASTE CHARACTERISTICS**

1. UNKNOWN     2. CORROSIVE     3. IGNITABLE     4. RADIOACTIVE     5. HIGHLY VOLATILE

6. TOXIC     7. REACTIVE     8. INERT     9. FLAMMABLE

**C. WASTE CATEGORIES**

1. Any records of wastes available. Specify items such as hazardous, infectious, etc. below.

Unknown

**2. Estimate the amount(specify unit of measure) of waste by category. Mark 'X' to indicate which wastes are present.**

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
Unknown	Unknown	Unknown	Unknown	Unknown	Unknown
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS	<input checked="" type="checkbox"/> (1) OILY WASTES	<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> (1) ACIDS	<input checked="" type="checkbox"/> (1) FLYASH	<input checked="" type="checkbox"/> (1) LABORATORY PHARMACEUT.
(2) METALS SLUDGES	<input type="checkbox"/> (2) OTHER (Specify):	<input type="checkbox"/> (2) NONHALOGENATED SOLVENTS	<input type="checkbox"/> (2) PICKLING LIQUORS	<input type="checkbox"/> (2) ASBESTOS	<input type="checkbox"/> (2) HOSPITAL
(3) POTW		<input type="checkbox"/> (3) OTHER (Specify):	<input type="checkbox"/> (3) CAUSTICS	<input type="checkbox"/> (3) MILLING/WINE TAILINGS	<input type="checkbox"/> (3) RADIOACTIVE
(4) ALUMINUM SLUDGE			<input type="checkbox"/> (4) PESTICIDES	<input type="checkbox"/> (4) FERROUS SMELT. WASTES	<input type="checkbox"/> (4) MUNICIPAL
(5) OTHER (Specify):			<input type="checkbox"/> (5) OILS/INKS	<input type="checkbox"/> (5) NONFERROUS SMELT. WASTES	<input type="checkbox"/> (5) OTHER (Specify):
8. OTHER			<input type="checkbox"/> (6) STAINERS		
			<input type="checkbox"/> (7) PHENOLS		
			<input type="checkbox"/> (8) HALOGENS		
			<input type="checkbox"/> (9) PCBs		
			<input type="checkbox"/> (10) METALS		
			<input type="checkbox"/> (11) OTHER (Specify):		

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## V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

Tank bottoms  
Chromium wastes

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

None

## VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				
	X			Unknown hazard potential

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VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> 1. NPDES PERMIT | <input type="checkbox"/> 2. SPCC PLAN    | <input type="checkbox"/> 3. STATE PERMIT (specify): _____ |
| <input type="checkbox"/> 4. AIR PERMITS  | <input type="checkbox"/> 5. LOCAL PERMIT | <input type="checkbox"/> 6. ACRA TRANSPORTER              |
| <input type="checkbox"/> 7. RCRA STORER  | <input type="checkbox"/> 8. RCRA TREATER | <input type="checkbox"/> 9. RCRA DISPOSER                 |

10. OTHER (specify): Unknown

B. IN COMPLIANCE?

1. YES       2. NO       3. UNKNOWN

C. WITH RESPECT TO (list regulation name & number):

VIII. PAST REGULATORY ACTIONS

- A. NONE       B. YES (complete below)

Unknown

X. INSPECTION ACTIVITY (past or on-going)

- A. NONE       B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (MM/DD/YY, if applicable)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
Visual Site Inspection	9-15-80	State	On-Site reconnaissance

X. REMEDIAL ACTIVITY (past or on-going)

- A. NONE       B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (MM/DD/YY, if applicable)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.

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